



PROBATION AND PAROLE BUREAU STANDARD OPERATING PROCEDURES

Procedure No.: P&P 150-4	Subject: FINANCIAL RESOURCES FOR OFFENDERS
Reference: ACCD 5.1.202; DOC 4.5.28; DOC 4.5.29 53-1-203, MCA	Page 1 of 3
Effective Date: 06/01/00	Revision Dates: 10/08/01; 06/17/02; 03/01/13
Signature / Title: /s/ Ron Alsbury, Probation & Parole Bureau Chief	

I. BUREAU DIRECTIVE:

Probation & Parole Bureau employees will follow established procedures when requesting funds available for offenders supervised by the Bureau.

II. DEFINITION:

Adults with a Serious Mental Illness – Persons age 18 years or over, who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM), currently in the 4th Edition, that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

Department or DOC – The Montana Department of Corrections.

Montana Offender Reentry Initiative – The Initiative's mission is to implement a seamless plan of services and supervision developed with each offender and delivered through state and local collaboration, from the time of the offender's entry to custody through completion of his/her sentence.

Public Benefit Programs – Social Security Administration, Medicaid, Medicare, or other pharmacy or health care benefit programs funded by the state of Montana or the federal government.

III. PROCEDURES:

A request for financial assistance may be made by offenders in need of mental health, chemical dependency, or sex offender treatment or evaluations, or other services, through the resources outlined below. Offenders must be unable to participate in needed treatment due to a lack of finances.

A. Probation & Parole Bureau Treatment Funds

1. These funds may be available through Department general fund monies and are distributed to each region according to the number of offenders in that region. To be eligible, an offender must be under the direct supervision of the Probation & Parole (P&P) Bureau, and all other avenues of funding have been explored. Use of these funds include, but are not limited to:
 - Anger Management
 - Moral Reconciliation Therapy (MRT)
 - CD Evaluations/Counseling
 - Psychological Evaluations
 - Sexual Offender Polygraph Examinations
 - Psycho-Sexual Evaluations or Sexual Offender Treatment

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2. The offender's supervising P&P Officer will make a request by completing *P&P 150-4(A) Request for Treatment Funds* and submitting it the Regional Administrator (RA). The *Request* must include the following:
 - a. name of offender;
 - b. type of service requested;
 - c. duration of treatment and cost of service;
 - d. name of vendor; and
 - e. the reason for financial request.
3. Approved vendor(s) will be instructed to submit their bill(s) to the RA or designee for processing/payment. Expenditures will be tracked at the regional level.

B. Department of Corrections Treatment Funds

These funds for mental health services and/or prescription medications for mental illness may be available to eligible offenders pursuant to *DOC 4.5.28 Services for Offenders with Mental Illness* and *DOC 4.5.29 Prescription Medication for Offenders with Mental Illness*.

1. Offender Eligibility Requirements:
 - a. An adult diagnosed with a serious mental illness;
 - b. Currently under supervision of the P&P Bureau and with no pending legal proceedings; and
 - c. Is ineligible for public benefit programs, but still requires mental health services or medication support and/or has submitted an application for benefits, but is not yet enrolled.
2. Mental Health Services available to Region I: Offenders in Region I must be able to receive these services at Missoula Partnership Health Center. To request assistance for the mental health services provided, *DOC 4.5.28 (Attachment) Services for Offenders with Mental Illness* is completed by offender's supervising P&P Officer, signed by Officer's supervisor and submitted electronically to cornhsvs@mt.gov for approval. Approvals will be electronically signed and returned to the requestor.
3. Prescription Medication: To request assistance with prescription medications for mental illness, *DOC 4.5.29 (Attachment) Prescription Medication for Offenders with Mental Illness* must be completed by the offender's supervising P&P Officer, signed by Officer's supervisor and submitted electronically to cornmed@mt.gov for approval. Approvals will be electronically signed and returned to the requestor.
4. Removal from services:
 - a. An offender is no longer eligible for these programs when he/she discharges his/her complete sentence and is no longer under the supervision of the Department.
 - b. An offender is no longer eligible for these programs when he/she is enrolled in a public benefit program that provides payment for services funded under these programs.
 - c. The supervising P&P Officer will review approved applications every six (6) months for continuation of services. If the offender is no longer in need of services, the supervising Officer will submit a request to remove the offender from the program.

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C. Reentry Funds (see also *ACCD 5.1.102 Stipend, Special Needs and Reentry Funding*)

Pursuant to the Montana Offender Reentry Initiative, monetary payments may be available to offenders who are within one (1) year of their release from a correctional facility or program and under the P&P Bureau's supervision to assist in his/her reentry into the community. The offender must be in compliance with his/her supervision and have no means to pay for the needed service. The request may be for an ongoing need (i.e., rent, counseling, etc.). The requested amount must be reasonable and justifiable, specifically allocated for a service, equipment, or other need, and articulated in the request. Funding is approved on a case-by-case basis.

1. To request reentry funds , the IPPO or offender's supervising P&P Officer will complete the *General Information* and *Special Needs/Reentry Funds Request* sections of *ACCD 5.1.202(A) Stipend/Special Needs/Reentry Funds Request* and include the following:
 - a. information regarding the offender's progress, conduct, and general attitude;
 - b. treatment completed (if applicable);
 - c. the amount of money the offender has in his/her resident's account and any outstanding debts;
 - d. identification of needed assistance, such as room and board, weekly draws, medication, treatment costs, etc.;
 - e. an estimated monthly cost;
 - f. length of time assistance will be needed; and
 - g. background information and justification for needed assistance identified, contingency plans, etc.
2. The *Request* is submitted to the RA for signature, and then forwarded to correquests@mt.gov for review.

IV. CLOSING:

Questions concerning this procedure shall be directed to the Regional Administrator.

Forms

P&P 150-4 (A)	Request for Treatment Funds
ACCD 5.1.202 (A)	Stipend/Special Needs/Reentry Funds Request
DOC 4.5.28 (Attachment)	Services for Offenders with Mental Illness
DOC 4.5.29 (Attachment)	Prescription Medication for Offenders with Mental Illness